



## Central Vermont Dressage Association Grant Application

CVDA Member name: \_\_\_\_\_ Date of application: \_\_\_\_\_

*Applicants under 18 years of age must have an adult sponsor. Please provide sponsor information if applicable:*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of grant request (\$2,500 maximum): \_\_\_\_\_ Years of CVDA membership: \_\_\_\_\_

CVDA volunteer history: \_\_\_\_\_

Other scholarships/grants applied for: \_\_\_\_\_

Other scholarships/grants received: \_\_\_\_\_

Summary of your dressage experience and/or event management experience: \_\_\_\_\_

Awards and recognition received: \_\_\_\_\_

**NOTE: All applicants must read and sign below.**

By accepting this grant I agree to the terms outlined in the CVDA Grant Program description. I understand that, if chosen, I will receive the full grant amount *after I attend or organize the educational event*. In addition, I understand that I will receive the grant funds *after providing a written account to the CVDA board, to be received within 30 days of completion of the educational program or event*.

Signature: \_\_\_\_\_

Questions? Contact Terri Satterlee, (802) 228-2103 or [tfglover@tds.net](mailto:tfglover@tds.net)

Submit completed applications to: Terri Satterlee, P.O. Box 286, Ludlow, VT 05149

- Are you applying for a grant to **SUPPORT** an educational event? ..... **Please complete page 2.**
- Are you applying for a grant to **ATTEND** an educational event? ..... **Please complete page 3.**

**IMPORTANT:** Application must be received by CVDA no later than 30 days prior to the event.

**Application for a Grant to SUPPORT an Educational Event**

Benefit of your proposed program to CVDA membership at large: \_\_\_\_\_

Describe the educational or instructional event to be conducted (be specific): \_\_\_\_\_

Date(s) of the event: \_\_\_\_\_

Name of event manager: \_\_\_\_\_

Name and qualifications of the instructor(s) or clinician(s): \_\_\_\_\_

Location of event: \_\_\_\_\_

Describe the facilities available at this location: \_\_\_\_\_

How will this educational event help the participants? What is the need for this program? \_\_\_\_\_

How many people will participate in this event? \_\_\_\_\_ Riders \_\_\_\_\_ Auditors \_\_\_\_\_ Classroom students

How will participants be selected for this event? What levels of riders will be participating? Who is the desired audience?

What is the cost per participant? CVDA members \_\_\_\_\_ Non-members \_\_\_\_\_

What is the plan for including auditors? \_\_\_\_\_

Other information regarding this event that you believe will be helpful for the CVDA Board of Directors in the selection and grant process: \_\_\_\_\_

*Provide a complete budget for the event/program, including all estimated expenses and income, and attach.*

**Please complete this section, attach budget, and forward pages 1 and 2 to**

**Terri Satterlee, P.O. Box 286, Ludlow, VT 05149**

What educational event are you requesting grant assistance to attend? \_\_\_\_\_

**Application for a Grant to ATTEND an Educational Event**

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Instructor(s): \_\_\_\_\_

Date(s) of program: \_\_\_\_\_ Location of program: \_\_\_\_\_

Goal of program: \_\_\_\_\_

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Provide a detailed budget of the costs involved with attending this event/program (attach program documentation if available). Please use a separate sheet of paper.

Briefly summarize your experience: \_\_\_\_\_

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What is your primary purpose in attending this program? \_\_\_\_\_

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Which skills do you hope to gain or improve? \_\_\_\_\_

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Are you currently a dressage instructor? \_\_\_\_\_ If yes, how long have you been teaching? \_\_\_\_\_

If yes, what is the average skill level of your students? \_\_\_\_\_

If you are attending a certification or licensing program, do you plan to test? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Other information regarding your goal to attend this program that will be helpful for the CVDA Board of Directors in the selection process: \_\_\_\_\_

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**Please complete this section, and include two or more letters of recommendation from those who can attest to your riding, teaching and/or training abilities.**

**Attach budget, and forward pages 1 and 3 to Terri Satterlee, P.O. Box 286, Ludlow,VT 05149**